

United States District Court  
For The District OF Rhode Island

Oliver Lyons  
✓  
A T Wall et al Co No 04 380T

Failure to Make Disclosure or Cooperate  
in Discovery; Sanctions

Now comes the Plaintiff in the  
above Complaint who moves this Court  
to take appropriate action pursuant  
to Fed R Civ P 37

The Defendants Legal Counsel  
did not respond to the Plaintiffs  
"Request for Production" pursuant  
to Fed R Civ P 34

It was so ordered by the  
Honorable Justice Jacob Hagopian  
on Jan 3, 05

The Order gave the Defendants  
Legal Counsel 30 days to respond  
to the Plaintiff.

Plaintiff Pro Se  
Oliver S Lyons  
P.O. BOX 8249  
Cranston Rhode Island 02920

Certification

On the 3rd day of February  
2005 the Plaintiff mailed a  
copy of the enclosed Motion  
to the Defendants Legal Counsel  
40 Howard Avenue Cranston  
Rhode Island 02920 and to  
the Clerk of the United States  
District Court One Exchange  
Terrace Providence Rhode Island  
02903

Plaintiff Pro Se  
Oliver A. Lymer  
P.O. BOX #249  
Cranston, Rhode Island  
02920

FILED IN RHODE ISLAND  
COURT  
2005

FILED - 02-08-31

FILED

## Affidavit

The following medical records are true copies of the Plaintiff's medical records and the Plaintiff submits them in addition to other medical record previously submitted in support of the allegations in the Plaintiff's Complaint Ca 04380T. The Plaintiff submits these records although the Statute of Limitation may have run out to show that there was deliberate indifference to the Plaintiff's beatings and abuse prior to the allegations of abuse and beatings and severe injuries made in the Plaintiff's Complaint Ca 04380T.

Plaintiff  
Olivia A. Brown  
P.O. Box 8249  
Cranston Rhode Island 02920

Sworn and subscribed to before  
me on this 2 day of February  
05

Notary Public

10 18 00 Rhode Island hospital  
Injuries to the Plaintiff's forehead,  
back of head; neck, shoulder temple  
abrasions and loss of consciousness  
Frontal abrasions and eye abrasion

11 9 00 dislocated and fractured  
thumb cast was put over an  
infection of scabies causing the  
Plaintiff to scratch and itch constantly  
Plaintiff had a rash over entire  
body.

4 18 01 multiple contusions and  
abrasions to the Plaintiff's face and  
concussion serious eye damage  
Transported to Rhode Island  
hospital

Enter Emergency Patient PA: 87439071  
 Admit Dt/Tm: 10/18/00 17:12 Hosp Svc: EMR MR #: 9592320  
 ExpAr Dt/Tm: Clinic Cd: EMERGENCY MR Ind: E O  
 Nurs St: Rm/Bed: Inf Alert: 0 Pt Sts: ET PT Type: E

## ----- Patient Demographic Information -----

Name: LYONS, OLIVER S Pref: SSN: [REDACTED]  
 Addr: PO BOX 8273 Addr2:

City: CRANSTON St: RI City: St:  
 Zip: 02920 Ph: 401-464-2641 Zip: Ph:  
 DOB: [REDACTED] Donor: Adm Sc: EO Adm Pr: X Arr Md:  
 Age: 50 NP: -- Dist: D4 Census#: 104 Disaster #:  
 Sex: M Pos ID: N DX/CC/PR:  
 Race: 1 Sp Needs: - - - -  
 MS: D Maiden: RFV: D MEDICAL VISIT  
 Rel: CAT Parish: NO AFFILIATION Sacrament:  
 Comments:

## ----- Physician Information -----

Adm Dr: PHYSICIAN, ED Atn Dr: PHYSICIAN, ED  
 Ref Dr: PCP: BANSAL, TEJ V MD  
 Ref Add: PCP Add: 215 TOLLGATE RD  
 WARWICK, RI 02886  
 Ph: Fx: Ph: 401-732-0880 Fx: 401-732-1269

## ----- Primary Contact Information -----

Name: PER PT NONE, NONE Rel To Patient: Q FRIEND  
 Addr: NONE  
 City: St: Zip:  
 Hme Ph: Work Ph: Ext:

## ----- Secondary Contact Information -----

Name: Rel To Patient:  
 Hme Ph: Work Ph: Ext:

## ----- Guarantor Information -----

Lst Name: LYONS First Name: OLIVER Rel To Pat: S  
 Addr: PO BOX 8273 SELF  
 City: CRANSTON St: RI Zip: 02920- Ph: 401-464-2641  
 Employr: NONE Ph: Ext:  
 Addr:  
 City: St: Zip:

## ----- Employer Information -----

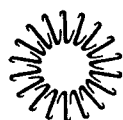
Empl: NONE Occupation: NONE  
 Addr:  
 City: St: Zip: Ph:

## ----- Insurance Information -----

1) ACI OP A02 Cd: A02 Pri: 1 2) Cd: Pri:  
 Pol #: [REDACTED] 7 Pol #:  
 Grp #: Grp #:  
 Auth#: Auth#:  
 Subscr: LYONS, OLIVER Subscr:  
 Sub SSN: [REDACTED] Rel: SELF Sub SSN: Rel  
 3) Cd: Pri: 4) Cd: Pri:  
 Pol #: Pol #:  
 Grp #: Grp #:  
 Auth#: Auth#:  
 Subscr: Subscr:  
 Sub SSN: Rel: Sub SSN: Rel  
 Financial Class: A

Prereg/Reg/Preadm/Adm by: 7 GDJ105 /

17:12 10/18/00 FROM 75TV, LIFRIHF1



**Rhode Island Hospital**  
 A Lifespan Partner

Revised 11/97  
 A001 SMS  
 ESI 23167

## CONSULTATION REPORT

R. I. Department of Corrections



White: ACI Medical Record	CONSULTATION TO (SERVICE OR PHYSICIAN) RIHER		Inmate Name: Oliver Lyons	
	REQUESTING PHYSICIAN (PRINT) Dr Bansal		Inmate I.D.: 91073	
	BEEPER # 460-6814		D. O. B.: 1-1-50	
	DATE OF REQUEST 10/18/00		Security: HSC	
Yellow: Outside Hospital	CURRENT MEDS: Atenolol 25mg QD. Trazedone 50mg QAM motrin 800mg TID/PRN 100mg QHS			
	CLINICAL SUMMARY AND INFORMATION DESIRED Ⓡ temple abrasion. hit back of head - clo throat - very sore. Ⓡ Shoulder hurts.			
	VS: 170/108-76-116-98-6 a+4DM			
	SIGNATURE OF NURSE C. Bailey RN		SIGNATURE OF PHYSICIAN	
Pink: Chart Copy	REPORT OF CONSULTANT		SIGNATURE OF MEDICAL DIRECTOR	
	URGENT <input type="checkbox"/>		ROUTINE <input type="checkbox"/>	
	<p>50 y/o ♂ sp head trauma, face/neck trauma. Pt clo LOC x 2-3 min.</p> <p>Ⓡ hematoma → neither confirmed by test nurse clo blurry vision,</p> <p>Ant neck pain, odynophagia.</p> <p>T 98° HR 64 RR 18 BP 148/87</p> <p>occipital hematoma, Ⓡ temporal abrasion, Ⓡ frontal abrasion,</p> <p>small Ⓡ eyebrow abrasion. Anterior neck erythema &amp; midline</p> <p>tenderness. Ⓡ hematoma, Ⓡ edema, Ⓡ crepitus, Ⓡ Caudal bruit,</p> <p>Ⓡ hoarseness pharynx normal without signs of trauma/blood, Ⓡ stridor</p> <p>Neurologic exam normal &amp; inconsistent visual field exam</p> <p>Head CT: Normal</p> <p>Neck CT: Arytenoid Asymmetry, Ⓡ edema, Ⓡ hematoma, Ⓡ tr</p> <p>A/p: sp head/face/neck trauma. No acute airway compromise.</p> <p>- Observe closely in 24 hours. Return to ER if vomiting,</p> <p>change of mental status, stridor, hoarse voice, breathing fast.</p> <p>- Motrin 800mg tid per pain</p>			
	<p>Must See Again? Days Weeks Months PRN</p> <p>Signature of Consultant: [Signature] Beeper No.: Date: 10/18/00 Time: 9pm</p> <p>Printed Name: Michael Ganeby MD</p>			

MEDICAL RECORD



RHODE ISLAND HOSPITAL  
DEPARTMENT OF DIAGNOSTIC IMAGING  
593 Eddy Street  
Providence, Rhode Island 02903

FINAL REPORT

Acc#: 87439071

MR#: 9592320

Unit: CTS

Name: LYONS, OLIVER S  
DOB: 01/01/1950 50Y

X-Ray#: 1097988  
DOE: 10/18/2000 08:22PM  
Pt class: E NS: D4  
Service code: EMR  
ATT: ED PHYSICIAN

ORD: RAYMOND PETIT  
RIH, DEPT OF MEDICINE  
PROVIDENCE RI 02903

Order#: 90002

Ordering M.D: RAYMOND PETIT

History: HEAD TRAUMA +LOC

ER#104 D4

EXAM: CT BRAIN W/O CONT

Date: 10/18/2000 08:22PM

FULL RESULT:

HISTORY: Head trauma with loss of consciousness.

CT BRAIN:

Contiguous transaxial sections through the head were performed without contrast material. Grey-white matter differentiation is normal. There is no evidence of hemorrhage, mass, or mass effect. The ventricular system and extraaxial spaces appear normal. The visible paranasal sinuses appear normal.

CT NECK:

HISTORY: 50-year-old patient with blunt trauma to anterior neck.

5 mm contiguous images were obtained after the administration of 100 cc of nonionic contrast for an ICD-9 Code 799.3.

There is no evidence for a neck hematoma or definite vascular injury. Incidental note is made of a 3.0 mm nodule arising from the posterior-inferior right thyroid lobe (Reference Image #38) and within the lower pole (Reference Image #32). No fracture is definitely seen. There is asymmetry of the thyroid cartilage with slight outward bowing on the left. Thin sectioning images were not obtained because of the lack of symptoms referable to the larynx.

IMPRESSION:

NORMAL NONCONTRAST HEAD CT SCAN.

NO DEFINITE NECK HEMATOMA IDENTIFIED.

RHODE ISLAND HOSPITAL  
DEPARTMENT OF DIAGNOSTIC IMAGING  
593 Eddy Street  
Providence, Rhode Island 02903

FINAL REPORT

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DOB: 01/01/1950 50Y

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DOE: 10/18/2000 08:22PM  
Pt class:E NS: D4  
Service code: EMR

ORD: RAYMOND PETIT  
RIH, DEPT OF MEDICINE  
PROVIDENCE RI 02903

ATT: ED PHYSICIAN

THYROID CARTILAGE ASYMMETRY PRESUMABLY RELATES TO PRESENT OR PRIOR TRAUMA.  
IF THERE IS A STRONG CLINICAL SUSPICION REGARDING PRESENT TRAUMA, ADDITIONAL  
THIN-SECTION IMAGES COULD BE OBTAINED.

SMALL NODULES WITHIN THE RIGHT THYROID INFERIOR POLE AS DESCRIBED (MEASURING  
NO GREATER THAN 3.0 MM EACH).

ICD-9 CODE 799.3 FOR NONIONIC CONTRAST ADMINISTRATION

LEFFLER

EXAM:CT NECK W/ CONT Date:10/18/2000 08:22PM

FULL RESULT:

IMPRESSION:

REFER TO EXAM 90002 CT BRAIN W/O CONT AND EXAM 90002 CT NECK W/CONT.

Dictated by: SUSAN G LEFFLER,MD Pager: (401)350-1043

Reviewed by: Pager:

Report proofread by: SUSAN G LEFFLER,MD

DD:10/18/2000 08:47PM DS:10/18/2000 09:22PM DT:10/18/2000 08:55PM,WBO  
CC: \



18

Rhode Island Hospital

## EMERGENCY PHYSICIAN RECORD

Multiple Trauma

TIME SEEN: / 6pm

AcI pt

HISTORIAN: / patient / spouse / translator / family

HX / EXAM LIMITED BY:

PT. SENT IN BY PMD / OFFICE

HPI chief complaint: Injury to:

head / neck

Brief = 1 - 3

Extended = 4+

occurred:

just PTA

today

yesterday

days PTA

where:

home

neighbor's

work

Acs

school

street

other

context:

A do Assault at AcI, first hit front of head, then fell back and hit back of head.

① LOC x 2-3 min ② V → blood, ground blood on throat

location of pain/injuries:

Head Face Mouth  
Neck Chest Abdomen  
Back upper mid-lower  
radiating to R/L thigh/leg

-right-

shldr

arm

elbow

f-arm

wrist

hand

hip

thigh

knee

leg

ankle

foot

-left-

shldr

arm

elbow

f-arm

wrist

hand

hip

thigh

knee

leg

ankle

foot

severity of pain:

mild

moderate

severe

associated symptoms:

lost consciousness / dazed

duration: 2-3 min

remembers:

impact coming to hospital

seizure

ROS ☐ all systems negative except as marked

NEURO

loss feeling/power arms/legs

headache

EYES / ENT

double vision

hearing loss

RESPIRATORY

trouble breathing

\*Reminder-Do Not Forget To

Address Column 2 &gt;&gt;&gt;&gt;&gt;

CVS

chest pain

GI/GU

nausea/vomiting

loss of bladder function

INTEGUMENTARY

skin laceration

CONST

recent fever/illness

C/O blurry vision

Problem Pertinent = 1

Extended = 2 - 9

Complete = 10+

SOCIAL HISTORY ☐ negative / not significant for current complaint

Smoker-

PPD

recent ETOH

drug abuse

PAST HISTORY ☐ negative

Dx dx

pneumonia

Meds-

none / see nurses note

Allergies-

UNKDA / see nurses note

PMH / FH / SH

Pertinent = 1 of 3

Complete = 2 of 3

## Coding / Documentation Guide

Problem Focused = 1 Organ / Area

Detailed Exam = 5 - 7 Organs / Areas

Expanded Problem = 2 - 4 Organs / Areas

Comprehensive = 8+ Organs / Areas

☒ Nurses note reviewed☐ Tetanus immun. UTD☒ Vital signs reviewed

## PHYSICAL EXAM

Exam limited by:

Distress- NAD mild moderate severeOther- c-collar (PTA / in ED) back-board IV splint

## HEAD

no evidence of trauma

see diagram

Battle's sign / Raccoon Eyes

## NECK

non-tender

painless ROM

trachea midline

see diagram

vertebral point-tenderness

muscle spasm / decreased ROM

pain on movement of neck

## EYES

PERRL

EOMI

unequal pupils R- one mm L- one mm

EOM entrapment / palsy

subconjunctival hemorrhage

## ENT

nml external

inspection

no dental injury

hemotympanum

TM obscured by wax

clotted nasal blood

dental injury / malocclusion

## RESP &amp; CVS

chest non-tender

breath sounds nml

heart sounds nml

see diagram (on reverse)

decreased breath sounds

wheezing / rales

splinting / paradoxical movements

## ABDOMEN

non-tender

no organomegaly

see diagram (on reverse)

tenderness / guarding / rebound

mass / organomegaly

## GENITAL / RECTAL

nml genital exam

nml vaginal exam

nml rectal exam

heme negative stool

perineal hematoma

blood at urethral meatus

decreased rectal tone

## NEURO / PSYCH

oriented x3

mood &amp; affect

CN'S nml

as tested

sensation &amp;

motor nml

GCS= 15

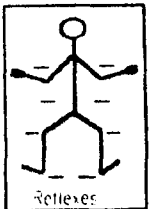
confusion / disorientation

EOM palsy / anisocoria

facial asymmetry

unsteady / ataxic gait

sensory / motor deficit



inconsistent visual field exam

RHODE ISLAND DEPARTMENT  
OF CORRECTIONS  
NURSING CONTACT NOTES

NAME Lyons, Oliver  
DOB 1-1-58

ENTRY  
CODE

S (subjective symptoms) O (objective findings)  
A (assessment or impression) P (plan)  
All entries must be signed, dated and timed.

DATE & TIME	SECURITY	
11-8-00 9 <sup>30</sup>	HSC	Seen by Dr. Matola - arguing about the mattress again - because ordered for removal - <u>RD. Guellette</u>
(11/9/00) 945AM	HSC	Code Blue - fist fight in rec. area. Refused medical tx - but did accept ice bag for swollen @ thumb. Says he cannot move joint - he will be refer to Dr. in AM for further evaluation. Other injuries <u>Barley RN</u>
Court No rec At High Security		
(11/9/00) 830PM	HSC	Came back from all afternoon in court - still clo @ thumb. Denies he can move it at all. Pain radiates up arm. Applied more ice - will check in AM by Dr. Other complaint <u>Barley RN</u>
(11-10-00) 9 <sup>30</sup>	HSC	Seen by Dr. Matola - x ray @ hand & thumb & natum. ordered - <u>RD. Guellette</u> ix @ natum & ice ordered - ice applied <u>RD. Guellette</u>
11-14-00 8 <sup>30</sup>	HSC	Inmate refused medical aid. Would not go to R.I.H.E.R.
11/14/00 4 <sup>30</sup> PM	HSC	Inmate chooses not to sign refusal of medical treatment form - he states "he did not refuse treatment - but rather could not tolerate handcuff" because of the nature of his injury. Ice bag given. <u>Lyons 7PM</u>

**CONSULTATION REPORT****R. I. Department of Corrections**

White: ACI Medical Record

Yellow: Outside Hospital

Pink: Dispensary

CONSULTATION TO (SERVICE OR PHYSICIAN)

*Ortho*

REQUESTING PHYSICIAN (PRINT)

*Metola*

BEEPER #

DATE OF REQUEST

*12-1-00*

Inmate Name:

*Lyons, Oliver*

Inmate I.D.:

*91073*

D. O. B.:

*1-1-50*

Security:

*HSC*

CURRENT MEDS/ALLERGIES

*tenormin*

CLINICAL SUMMARY AND INFORMATION DESIRED

*Self removal of cast Rt hand  
Phor sut & advise*

SIGNATURE OF NURSE

*A.D. Gundersen*

SIGNATURE OF PHYSICIAN

*[Signature]*

SIGNATURE OF MEDICAL DIRECTOR

REPORT OF CONSULTANT

URGENT ☐ROUTINE ☐

*PT TOOK OWN CAST OFF 2nd PAIN  
NO RECOMMEND RE CAST  
PT REFUSED*

*PLEASE PROVIDE ICE/ELEVATION  
FOR NEXT WEEK  
RTC - Wk HAND CLINIC*

*[Signature]*  
*12/02/00*

Must See Again ?

Days

Weeks

Months

PRN

Signature of Consultant:

Printed Name:

*M. Kuo*

Beeper No.:

Date:

Time:

DIAGNOSIS / PROBLEM:

NAME / DOB / ID#

Lyons Oliver  
1-1-50

DRUG ALLERGIES:

R.I. Department of Corrections  
Health Services

## INSTRUCTIONS FOR USE

1. DATE & TIME ALL ORDERS
2. A PHYSICIAN'S SIGNATURE MUST ACCOMPANY THE ORDERS.

DATE	TIME	SECURITY	
11/21/00			Can have 2 Vicodin per day for surgery to smaller without water.
11/22/00	0840	1K	<ol style="list-style-type: none"> <li>① Motrin 800mg po tid x 7d</li> <li>② Vicodin 1 tab q 4h prn for break through pain x 3d</li> <li>③ Splint to RHH hand in 11/30</li> <li>④ Ice pack to ② hand q 4h x 2 days</li> <li>⑤ Elevate ② arm</li> <li>⑥ Inform me if he has ↑ pain in ② hand, numbness, coldness, swelling, fever or chills.</li> <li>⑦ S/C to general population</li> <li>⑧ Facility MD to evaluate in 11/24/00</li> </ol>
12/01/00		HSC	Further RHH hand orthopedic change for new cast R hand

RHODE ISLAND DEPARTMENT  
OF CORRECTIONS  
NURSING CONTACT NOTES

NAME Oliver Lyons  
DOB 1-1-50

ENTRY  
CODE

S (subjective symptoms) O (objective findings)  
A (assessment or impression) P (plan)  
All entries must be signed, dated and timed.

DATE & TIME	SECURITY	
12-6-00 (7-3)	HSC	Inmate up to see Dr Allen - evaluated - 3 scabies - Inmate refused treatment. Allowed to cut toe nails in hospital area. C. Bailey RN
12/7/00 (7-3)	HSC	On furlough to RIH Ortho - Inmate complained to nurse "Sherry" that he has untreated scabies due to D.O.C. with holding his treatment. I reassured her & related same info Dr Allen gave us. She was quite upset that we (D.O.C.) had allowed all of them to be exposed to him. C. Bailey RN
12/7/00 3PM	HSC	Inmate to be placed in cell on "pick cell" status until tx for scabies is done. C. Bailey RN
	add	call from Joe Morreco re situation - informed him of inmates status - he will call in AM & inform Dr Spaulding. C. Bailey RN
12/7/00 10PM	HSC	Inmate refuses trazodone at this time. Pin care done/betadine swab. O S+S of infection - Will monitor C. Bailey RN
12/8/00	SAM	11 Tylenol for c/o wrist pain Punks II CSM good M. Kenton



DIAGNOSIS / PROBLEM:

NAME / DOB / ID#

Leyns, Oliver  
1-1-50

DRUG ALLERGIES:

R.I. Department of Corrections  
Health Services

## INSTRUCTIONS FOR USE

1. DATE & TIME ALL ORDERS
2. A PHYSICIAN'S SIGNATURE MUST ACCOMPANY THE ORDERS.

DATE	TIME	SECURITY	
12-1-00	245	HSC	place on psych obs T.O. Dr. Spradling / R.D. Guler
12/02/00		141	Transfer to H.S. T.O. Dr. Thum. 31 METRIN 800mg Tpr TIP x 10 d 41 Fentanyl P/O PTH. Antiepileptic Hand Clinic
12/4/00		142	Renew TRAZODONE 50 mg p 4x " " 150 mg p 1x 30
12/7/00	(7.3)	HSC	Quell Ty - Apply from neck down & shower off 8° later. Repeat in 1 week. T.O. Dr. Allen / C. Bailey
12-11-00	3	HSC	Send to A.D.E.R. for evaluation of (L) hand T.O. Dr. Spradling / R.D. Guler
12/12/00	0730	142	OTC to general population. (1) Kelex 500mg Po qid x 10 d KLP (2) ice to (L) hand & shift x 2 d (3) elevate (L) arm (4) Ibuprofen 800mg po tid prn x 14 d (5) Vicodin 1-11 tabs po q4-6h prn x 2 d (6) Follow up at R.I.H. - hand on Wed → Thursday.



DIAGNOSIS / PROBLEM:

NAME / DOB:

Lyons, Oliver  
# 91073

HSC

DRUG ALLERGIES:

R.I. Department of Corrections  
Health Services☐ IN ACCORDANCE WITH OUR FORMULARY SYSTEM THE USE OF  
GENERIC EQUIVALENTS ACCEPTABLE UNLESS BOX CHECKED.

## INSTRUCTIONS FOR USE

1. WHITE COPY REMAINS IN RECORD
2. DETACH TOP CARBONLESS COPY AND SEND TO PHARMACY EACH TIME DOCTOR WRITES A SET OF ORDERS
3. THE SIGNATURE OF A DOCTOR MUST ACCOMPANY EACH SET OF ORDERS

DATE	TIME	SECURITY	DOCTOR: START MEDICATION ORDERS TO LEFT OF SHADED AREA
6-14-W	9:14	HSC	<p>Lindane (Kwell) Apply from neck down then wash off &amp; leave like laundry cloth &amp; bedclothes</p> <p>Trazodone 50 mg PO qam &gt; 30 days 100 mg PO qpm</p> <p>Ativan 25 mg PO 7:19 pm x 5 days</p>
6-16-00	2100	HSC	<p>① Eucerin cream to itchy areas. ② If still itchy Monday 6-19 do skin scrapings.</p> <p>Flo Dr Bansal / J. Bailey</p>
7-12-W	11:51	HSC	<p>Trazodone 50 mg PO qam &gt; 30 days 100 mg PO qpm</p>

DOCTOR: DO NOT WRITE NEW ORDERS ON THIS FORM IF NO CARBONLESS COPIES REMAIN  
AS INDICATED IN WINDOW AT RIGHT; PLEASE START NEW FORM.

PHYSICIAN'S ORDER FORM

14 C

DIAGNOSIS / PROBLEM:

NAME / DOB:

Leyens, Oliver

1-1-50 91073

DRUG ALLERGIES:

R.I. Department of Corrections  
Health ServicesIN ACCORDANCE WITH OUR FORMULARY SYSTEM THE USE OF  
GENERIC EQUIVALENTS ACCEPTABLE UNLESS BOX CHECKED.

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3. THE SIGNATURE OF A DOCTOR MUST ACCOMPANY EACH SET OF ORDERS

DATE	TIME	SECURITY	DOCTOR: START MEDICATION ORDERS TO LEFT OF SHADED AREA
10-20-00	11:00	HSC	Quell lotion tx & repeat x 1 in 1 wk TO Dr Allen / R.D. Gumbel MD
11/08/00		HSC	Bacmon spray spray BID x 30 days Tennexin 257 TID x 30 days
11/10/00		HSC	X-ray L hand & thumb Motrin 800 TID x 20 days RPT
11-10-00	10:00	HSC	Vicodin T BID x 2 ice x 48° - ace wrap keep ↑ TO Dr Matola / R.D. Gumbel MD
11-15-00	10:00	HSC	For transport to orthopedic: Plan give Vicodin at PO 1 hr before trip; may cut pain to pain at discharge if Lieutenant apt 1:30 11/16
11-20-00		HSC	Preop meds CXR, & EKG TO Dr Matola / R.D. Gumbel MD

DOCTOR: DO NOT WRITE NEW ORDERS ON THIS FORM IF NO CARBONLESS COPIES REMAIN  
AS INDICATED IN WINDOW AT RIGHT; PLEASE START NEW FORM.

PHYSICIAN'S ORDER FORM

**CONSULTATION REPORT****R. I. Department of Corrections**

White: ACI Medical Record

Yellow: Outside Hospital

Pink: Dispensary

CONSULTATION TO (SERVICE OR PHYSICIAN) <i>RH LN</i>		Inmate Name: <i>Lyoni, Oliver</i>	
REQUESTING PHYSICIAN (PRINT) <i>Allen</i>	BEEPER # <i>460 9981</i>	Inmate I.D.: <i>91023</i>	
DATE OF REQUEST <i>4.18.01</i>		D. O. B.: <i>1-1-50</i>	
		Security: <i>HSC</i>	
CURRENT MEDS./ALLERGIES <i>asase</i> <i>atenolol 25mg qd</i> <i>Ecotrin 1.9d</i>			
CLINICAL SUMMARY AND INFORMATION DESIRED <i>Blunt trauma to face</i>			
SIGNATURE OF NURSE <i>M. Gaudin RN</i>	SIGNATURE OF PHYSICIAN <i>[Signature]</i>	SIGNATURE OF MEDICAL DIRECTOR	
REPORT OF CONSULTANT	URGENT <input checked="" type="checkbox"/>	ROUTINE <input type="checkbox"/>	
<i>Pt Needs Orbital CT Scan with</i>			
<i>coronal views within 1 wk to R/O</i>			
<i>orbital Floor Fracture</i>			
<i>Visual Acuity <sup>(R)</sup> 20/60 <sup>(L)</sup> 20/40</i>			
<i>Slit Lamp = cells / Flare &amp; Hypopyon</i>			
<i>Fluorescein &amp; Abus</i>			
<i>Follow up ophthalmology tomorrow</i>			
<i>4/4/01</i>			
<i>[Signature] 4-25-01</i>			
Must See Again ?			
Days	Weeks	Months	PRN
Signature of Consultant: Printed Name:	Beeper No.:	Date:	Time:

MEDICAL RECORD

97

DISTRICT

IN  
OUT

ADMIT

TIME

BED ASSIGN

READY

RESCUE UNIT

☐ INPATIENT  
☐ OUTPATIENT  
 (INCLUDES ALL PAST ED RECORDS)

PRIVATE M.D.

SENT IN BY PVT. MD?

MD CONTACTED?

☐ YES ☐ NO

☐ YES ☐ NO

TIME, PLACE OF ACCIDENT OR ILLNESS

☐ YES ☐ NO

MODE OF ARRIVAL

WALK CAR RESCUE OTHER:

BROUGHT BY

INFORMANT

PERSISTENT

COUGH > 2 WKS ☐ YES ☐ NO

pt assaulted this AM. struck w fists and had head slammed into door. Denies LOC. FEARFUL, hand grasps strong, @ abrasions and swelling to face. Grief distress. @ unusual d/s (seeing black spots to @ eye) —

PAIN SCORE

TRAUMA RN SIGNATURE (PRINT)

REGISTERED

INTERPRETER NAME

TEMP

PULSE

RESP.

BP

LAST DT DATE

ALLERGIES

INITIAL

TIME

DR'S ORDERS

NURSING ASSESSMENT

TIME

1344

5:

XRAYs

CT SCAN

NURSE NAME (PLEASE PRINT):

IV / MED / OTHER ORDERS:

TEST

TEST

TEST

CBC

CHEM-7

U/A

UCG

AMYLASE

LIPASE

ABG'S

LFT'S

PT/PTT

ESR

LACTATE

ETOH

OTHER

CULTURE:

☐ BLOOD

☐ URINE

☐ WOUND

☐ THROAT #

☐ OTHER

ASA/Acetamin.

DRUG SCREEN

CK

CKMB

LUMB PUNCT.

TEST

T &amp; SCREEN

T &amp; CROSS

Units

EKG

MONITOR

ORTHOSTATICS

LABELED/

DRAWN

SENT

CONSULTS:

SERVICE

TIME PAGED

TIME ARRIVED

Ophth

FACULTY NOTE:

☒ PT. SEEN & EXAMINED

TIME

☐ PROCEDURES SUPERVISED

☐ CRITICAL CARE TIME

RESIDENT'S HX REVIEWED:

OF NOTE:

PHYS EXAM:

DIFFERENTIAL DX / PLAN:

DIAGNOSIS:

ADMIT TO:

☐ MD REPORT CALLED

☐ RN REPORT CALLED

☐ FLOW SHEET

☐ CPR SHEET

VALS EKG

☐ TRAUMA SHEET

MD #

392

MD #

115

RESIDENT'S SIGNATURE / PRINT

ATTENDING'S SIGNATURE / PRINT

MEDICAL RECORDS

CENSUS NO.

DISTRICT

32

WTKG

PHYS EX

IMUNIZATION

☐ DTP

☐ POLIO

☐ MMR

☐ Hib

☐ HBV

☐ C. POX

PMH/HOME MEDS

Colace  
 Xerodol  
 Ecotrin

PROCEDURE LIST

☐ INTUBATION

☐ LP

☐ CENTRAL LINE

☐ LAC REPAIR

☐ OTHER

NOTIFIED

☐ FAMILY

☐ PRIVATE M.D.

☐ SOCIAL WORKER

☐ POLICE

☐ CLERGY

☐ MED. EXAM



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01

# Rhode Island Hospital

## EMERGENCY PHYSICIAN RECORD

### Head Injury

TIME SEEN: 10:00HISTORIAN: patient spouse translator / family

HX / EXAM LIMITED BY: \_\_\_\_\_

PT. SENT IN BY PMD / OFFICE \_\_\_\_\_

HPI chief complaint: injury to:

Brief  $\geq 1 - 3$ 

Extended = 4+

head face mouth / lip / chin / nose / ear  
neck

occurred:

just prior to arrivaltodayyesterday

where:

homeschoolneighbor'scity parkworkother

context:

direct blow fell MVA alleged assaultLOC? no dazed yes duration: \_\_\_\_\_IF YES, remembers: injury coming to hospitalROS ☒ all systems negative except as marked

NEURO

loss feeling / power arms/legsheadache / neck pain

EYES &amp; ENT

double visionhearing loss

RESPIRATORY

trouble breathing

\*Reminder-Do Not Forget To

Address Column 2 &gt;&gt;&gt;&gt;&gt;

CVS

chest pain

GI &amp; GU

nausea / vomitingloss of bladder function

INTEGUMENTARY

skin laceration

CONST

recent fever / illness

Problem Pertinent = 1

Extended = 2 - 9

Complete = 10+

SOCIAL HISTORY negative / not significant for current complaintSmoker- PPD recent ETOH drug abusePAST HISTORY negative

PMH / FH / SH

Pertinent = 1 of 3

Complete = 2 of 3

Meds- none / see nurses noteAllergies- NKDA / see nurses note

Coding / Documentation Guide

Problem Focused = 1 Organ / Area Detailed Exam = 5 - 7 Organs / Areas

Expanded Problem = 2 - 4 Organs / Areas Comprehensive = 8+ Organs / Areas

☒ Nurses note reviewed ☐ Tetanus immun. current ☐ Vital signs reviewed

PHYSICAL EXAM Exam limited by: \_\_\_\_\_

Distress- NAD mild moderate severeOther- c-collar (PTA / in ED) back-board IV splint

HEAD

see diagramnon-tenderBattle's sign / Raccoon Eyesno swelling

NECK

non-tender  
painless ROM  
trachea midline

see diagram

vertebral tenderness  
muscle spasm / decreased ROM  
pain on movement of neck

EYES

PERLL  
EOMI

ocular entrapmentsubconjunctival hemorrhageforeign bodyhyphemacorneal abrasionvisual field deficit / decreased visionunequal pupils R pupil mm L pupil mm

ENT

nmI external  
inspection  
pharynx nmI

hemorrhagenasal septal hematomaTM obscured by waxclotted nasal blooddental injury / malocclusion

NEURO &amp; PSYCH

afert  
Oriented x3  
mood / affect  
normal

slow / confused / no response to commandsrepeatedly asks about recent eventsseizing / apneicdisoriented

to: time (day-of-week day-of-month  
month year) place / person

aphasic expressive / receptive

Glasgow Coma Score SCORE= \_\_\_\_\_

Eyes Open- spontaneously (4) to voice (3) to pain (2) none (1)

Speech- nmI(5) disoriented(4) inapprop.(3) incoherent(2) none (1)

Motor- nmI(6) localizes(5) withdraws(4) flexor(3) ext.(2) none(1)

cranial nerves-

normal  
as tested

facial palsysensory deficittongue deviation (to R / L)hearing deficit (gross challenge)deficit of palate elevation

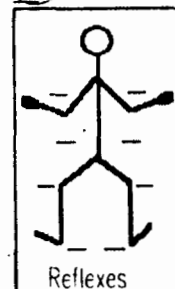
cerebellar-

nmI as tested  
normal gait

abnormal Romberg testabnormal finger-nose-fingerabnormal gait

sensorimotor-

no sensory deficit  
no motor deficit  
DTR's nmI

weaknesshemiparesis / hemiplegia (R / L)pronator drift (RUE / LUE)sensory lossBabinski reflex (R / L)clonus

T=Tenderness PtT=Point Tenderness S=Swelling  
E=Echymosis B=Burn C=Contusion L=Laceration  
A=Abrasion M=Muscle spasm PW=puncture wound  
(R=without m=mild mod=moderate sv=severe)  
Example- Tsv = Tenderness on palpation (severe)



Rh Island Hospital

A Lifespan Partner

CONTINUED NOTES

 04/1 01 CEN  
 112 AC CP A02  
 11 001 4273  
 11/01/06

 CAT  
 RI 02920

CC:

HPI: ~~50~~ you  $\rightarrow$  from HS/ACI who was assaulted  $\bar{c}$  fist; ~  
 26 hrs ago; visited ER,  $\phi$  CT performed  $\bar{c}$  that time  $\phi$  XR  
 done;  $\phi$  floaters (new)  $\phi$  OD since then;  $\phi$  flashes

PMHx: HTN

Meds: Atenolol

POH: (-) measles

FH/SH: (-) tob

Allergies:  $\phi$ 

ROS:

(-) IVDU

(-) T2DM

sc/cc E Pict

sc/cc +

V &lt;

W &lt;

N &lt;

dry  
 M <  $\begin{pmatrix} 20/25+2 \end{pmatrix}$   
 $-50 - 1.00 \times 110$   
 $\text{plano} - 1.75 \times 80$   
 $\begin{pmatrix} 20/25+2 \end{pmatrix}$

AR <  $\begin{matrix} 20/25 \\ 20/25 \end{matrix}$

S(A) Time 11:20  
 T <  $\begin{matrix} 13 \\ 14 \end{matrix}$

External:

EOM:

Pupils: E, R, O, A, D

SLE/L/L:

Conjunctiva- clear on

Cornea- clear on (-) hypocoelasia

Ant Chamber- D/O on (-) step-off

Iris- nl on  $\phi$  traum

Lens- clear on

Impression/Plan:

- ① s/p blunt trauma  $\Rightarrow$  ? if truly from  $\phi$  head/RO/traum  
 fist:  $\phi$  evidence of intra or extraocular trauma
- ② bilateral redness  $\Rightarrow$   $\phi$  denuded evidence of fx
- ③ ref. error. ④ floaters  $\rightarrow$  synechia  $\phi$  head/RO/traum/V

BRIAN A. WELSON, MD

Biller